

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	Date Received	Notification #
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I. Type of Notification (check one): ☒ Original ☐ Revised ☐ Canceled

II. Facility Description
 Building Name: Samual A. Carlson Electric Generating Station
 Address: 92 Steele St.
 City: Jamestown State: NY Zip Code: 14701 County: Chautauqua
 Site Location: Exterior Pipe Rack
 Building Size (square feet): 500,000 # of Floors: _____ Age in Years: 1901
 Present Use: Power Plant Prior Use: Power Plant

III. Type of Operation (check one): ☐ Demo ☐ Ordered Demo ☒ Renovation ☐ Emergency Renovation ☐ Fire Training

IV. Is Asbestos Present? (check one): ☒ Yes ☐ No

V. Facility Information
 Owner Name: City of Jamestown Board of Public Utilities
 Address: 92 Steele St.
 City: Jamestown State: NY Zip Code: 14701
 Contact: Chris Rodgers Telephone: (716) 661-1643 Fax: _____
 Removal Contractor Name: Arric Corp.
 Address: 5033 Transit Rd.
 City: Depew State: NY Zip Code: 14043
 Contact: Paul Keller Telephone: (716) 681-3535 Fax: 681-5889
 Other Operator (demolition/general): _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: (____) _____ Fax: _____

VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:
PLM

VII. Approximate Amount of Asbestos Materials:

	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)		5,750			
Surface Area (square feet)					
Facility Components (cubic feet)					

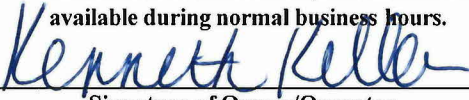
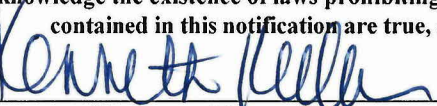
VIII. Scheduled Dates Demolition or Renovation: Start: _____ Complete: _____

IX. Dates for Asbestos Removal (MM/DD/YY) Start: 09/26/16 Complete: 11/10/16

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-4:30	7-4:30	7-4:30	7-4:30	7-4:30		

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Exterior work, hepa Vacuum, wrap with poly		
XII.	Waste Transporter #1 Name: <u>Casella Waste Service</u> Address: <u>2142 Lodestro Lane</u> City: <u>Jamestown</u> State: <u>NY</u> Zip Code: <u>14701</u> Contact: <u>Kilian Flynn</u> Telephone: <u>(315) 277-1409</u>		
	Waste Transporter #2 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal Name: <u>Chautauqua County Landfill</u> Address: <u>3889 Towerville Rd.</u> City: <u>Jamestown</u> State: <u>NY</u> Zip Code: <u>14701</u> Contact: _____ Telephone: <u>(716) 985-4785</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Stop work and notify Authorities		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>09/12/16</u> Date </div> <div style="text-align: center;"> <u>Kenneth J. Keller, Vice President</u> Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>09/12/16</u> Date </div> <div style="text-align: center;"> <u>Kenneth J. Keller, Vice President</u> Type or Print Name and Title </div> </div>		